

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		8	(7)			
10		8	(7)			
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		9	(8)			
20						
21		1				
22		1				
23		1				
24		1				
25		1				
26						
27						
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29						
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	43					
TOTAL CLAIMS	45					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS